

OFFICE OF THE STATE BUDGET
OFFICE OF FINANCIAL MANAGEMENT
REQUEST FOR NEW OR MODIFICATION OF INBOUND INTERFACES

PART I

1. REQUEST TYPE <input type="checkbox"/> New <input type="checkbox"/> Modify		2. APPROXIMATE START DATE FOR TESTING		3. LOG NUMBER AND DATE (OFM Use Only)	
4. DESCRIPTION OF THE APPLICATION					
5. DESCRIBE LEVEL OF DETAIL TO BE MAINTAINED ON AGENCY'S OWN SYSTEM					
6. DATE OF REQUEST		7. AGENCY NAME		8. AGENCY NUMBER	
9. BATCH AGENCY NUMBER					
10. STATEWIDE VENDOR/PAYEE FILE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		11. PAYMENTS EXEMPT FROM TREASURY OFFSET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		12. SAI CODE	
13. INDICATE METHOD OF PAYMENT <input type="checkbox"/> N/A <input type="checkbox"/> Warrant <input type="checkbox"/> EFT <input type="checkbox"/> Wire		14. DO YOU SEND REMITTANCE ADVICE FILES WITH YOUR INBOUND INTERFACE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
15. IDENTIFY THE TRANSACTION CODES (TCs)		16. DOCUMENT TYPE NECESSARY FOR INTERFACE		17. ESTIMATED VOLUME AND PROPOSED TIMING	
18. DESCRIPTION AND ESTIMATE OF FUND SPLITS (RTIs)			19. PRODUCTION DATE REQUIRED		
20. REASON FOR TESTING OR MODIFICATION(S)					
21. FUNCTIONAL OPERATOR NAME		ADDRESS		FAX #	E-MAIL
22. TECHNICAL OPERATOR NAME		ADDRESS		FAX #	E-MAIL
23. NAME OF PERSON RESPONSIBLE FOR ERROR REPORTS		ADDRESS		FAX #	E-MAIL
24. CHIEF ACCOUNTANT SIGNATURE		ADDRESS		FAX #	E-MAIL

Forward the completed request to: Office of Financial Management, AFRD, 7th Floor, Romney Bldg., Lansing, MI

PART II Department of Treasury (ATTACH SEPARATE PAGES FOR EXPLANATION(S) OF ANY RESTRICTIONS OR DENIALS, IF NECESSARY)

1. DEPARTMENT OF TREASURY SIGNATURE	2. <input type="checkbox"/> Approved <input type="checkbox"/> Restrictions Attached <input type="checkbox"/> Denied	DATE
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PART III Office of Financial Management

1. PAYROLL AND TAX REPORTING DIVISION SIGNATURE	2. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
3. FINANCIAL ANALYST SIGNATURE	4. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
5. MANAGER, MAIN FACS SERVICE CENTER SECTION SIGNATURE	6. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
7. LIAISON SIGNATURE	8. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
9. DIRECTOR, ACCOUNTING & FINANCIAL REPORTING DIVISION SIGNATURE	10. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
11. RATIONALE FOR DENIAL		

PART IV Department of Information Technology, Enterprise Application Maintenance and Support Division

1. TECHNICAL ANALYST SIGNATURE	2. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
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